# Bioterrorism/Terrorism
## Public Health Preparedness Questionnaire

**We would like to know how important each of these activities is to <u>your job</u>, and the level of need you have for more training to do this activity.  Please circle the number indicating the level of importance and need.**

| Activity | How important is this skill to your job? 1 = Not Important 4= Very Important | | | | Rate your level of need for training in this area. 1 = Low Need 4 = High Need | | | |
|---|---|---|---|---|---|---|---|---|
| **A    Monitor health threats in the community** | | | | | | | | |
| 1.   Acquiring and analyzing data to determine if there are significant health threats in your community. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 2.   Communicating information on health threats to providers and agencies in your community. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| **B    Diagnose and investigate health threats in the community** | | | | | | | | |
| 3.   Being aware of research and other literature to help you understand the nature of potential health threats in your community. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 4.   Acquiring additional information to better understand the potential health threats in your community. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| **C    Inform, educate, and empower people about health threats** | | | | | | | | |
| 5.   Taking scientifically based information on health threats and finding ways to make it relevant to providers and agencies in your community. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 6.   Developing educational programs for providers and agencies in your community that cover material on potential health threats. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| **D    Mobilize community partnerships to address health threats** | | | | | | | | |
| 7.   Using community development models (e.g., APEXPH, MAPP) to maximize your community's assets. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 8.   Organizing providers and agencies in your community to carry out programs related to health threats. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| **E    Develop polices and plans that enable an appropriate response to health threats** | | | | | | | | |
| 9.   Knowing existing policies and protocols that are related to potential health threats. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 10. Implementing effective emergency response services. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| Activity | How important is this skill to your job?<br><br>1 = Not Important<br>4 = Very Important | | | | Rate your level of need for training in this area.<br><br>1 = Low Need<br>4 = High Need | | | |
|---|---|---|---|---|---|---|---|---|
| **F    Enforce laws and regulations that protect health and ensure safety** | | | | | | | | |
| 11. Knowing public health laws and regulations. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 12. Working with other state agencies/organizations (e.g., law enforcement, IDPH, DNR, DIA) to enforce regulations that protect health and ensure safety. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| **G    Link people to needed emergency health services** | | | | | | | | |
| 13. Knowing the resources that are available in your community to respond to a health threat. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 14. Adapting emergency service programs to take into account differences in the population (e.g., need for translators, transportation). | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| **H    Assure a prepared public health workforce** | | | | | | | | |
| 15. Identifying the emergency response workforce in your community. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 16. Making sure that the emergency responders in your community have the knowledge and skills to respond to a health threat. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| **I    Evaluate the emergency response network** | | | | | | | | |
| 17. Conducting surveys and studies to measure the timeliness, appropriateness, and effectiveness of the emergency response network in your community. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 18. Analyzing results to determine the timeliness, appropriateness, and effectiveness of the emergency response network in your community. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| **J    Research new strategies for emergency response** | | | | | | | | |
| 19. Educating decision-makers at a local, state or national level on new policy and response options regarding health threats. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 20. Creating new partnerships between public and private organizations to deliver emergency health services. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| How likely are you to participate in one of the following? | Not at all Likely | Somewhat Likely | Very Likely | Unsure |
|---|---|---|---|---|
| 21. A Certificate in Public Health Preparedness (a 1-year program with on-site and distance learning components) | 1 | 2 | 3 | U |
| 22. Courses that can be applied toward an undergraduate degree | 1 | 2 | 3 | U |

| How likely are you to participate in one of the following? | Not at all Likely | Somewhat Likely | Very Likely | Unsure |
|---|---|---|---|---|
| 23. Courses that can be applied toward a graduate degree<br>Specify type of degree_____<br>Specify field_____ | 1 | 2 | 3 | U |
| 24. Continuing education courses that provide professional CE credits but do not lead to a degree or certificate | 1 | 2 | 3 | U |

| How much are the following factors likely to be barriers to your participating and completing a public health preparedness training program? | 1 = Not At All a Barrier<br>4 = Very Much a Barrier | | | |
|---|---|---|---|---|
| 25. Family or personal commitments | 1 | 2 | 3 | 4 |
| 26. Taking a course away from the worksite | 1 | 2 | 3 | 4 |
| 27. Having to take vacation time to attend course | 1 | 2 | 3 | 4 |
| 28. Relevance of course offerings to my daily job | 1 | 2 | 3 | 4 |
| 29. Please list other barriers to your participation in a public health preparedness training program. | | | | |

| How preferable are the following for receiving training programs? | 1 = Not Preferable<br>4 = Highly Preferable | | | |
|---|---|---|---|---|
| 30. Internet (web-based) | 1 | 2 | 3 | 4 |
| 31. Iowa Communications Network (ICN) | 1 | 2 | 3 | 4 |
| 32. CD Rom | 1 | 2 | 3 | 4 |
| 33. Evening course | 1 | 2 | 3 | 4 |
| 34. Weekend course | 1 | 2 | 3 | 4 |
| 35. 2 day course during work week | 1 | 2 | 3 | 4 |
| 36. Videotapes | 1 | 2 | 3 | 4 |

Please specify other ways you would like to receive training:

**Do you have access to the following computer technology that you could use to complete a training program?**

| | AT WORK? | AT HOME? |
|---|---|---|
| 37. A computer | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure |
| 38. A telephone line modem | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure |
| 39. DSL or cable modem connection | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure |
| 40. An internet service provider account (for example AOL, MSN, Earthlink) | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure |
| 41. Software to browse internet such as Netscape or Internet Explorer | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure |
| 42. Software such as Word, Powerpoint | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure | 1. ☐ Yes 2. ☐ No 3. ☐ Not sure |

**Demographic Information**

43. **Are you?**

1. ☐ Male        2. ☐ Female

44. **Which of the following categories includes your current age?**

1. ☐ 24 years or below      4. ☐ 45-54 years

2. ☐ 25-34 years          5. ☐ 55 years or above

3. ☐ 35-44 years

45. **Which category best describes your primary worksite?**

1. ☐ Local health department      6. ☐ State health department

2. ☐ Hospital                7. ☐ Academic institution

3. ☐ Private clinic            8. ☐ Environmental health department

4. ☐ Community health center    9. ☐ Other, please specify _____

5. ☐ Public health nursing agency

46. **Which best describes your current position?**

1. ☐ Administrator            5. ☐ Nurse          9. ☐ Other, specify_____

2. ☐ Emergency/first responder   6. ☐ Physician

3. ☐ Environmental health specialist  7. ☐ Veterinarian

4. ☐ Laboratory personnel      8. ☐ Pharmacist

47. **Including this year, how many years have you been:**

1. Working in your current job position?      _____ Years
2. Working for your current agency?         _____ Years
3. Working in public health?              _____ Years
4. Working in health care/emergency services?  _____ Years

48. **Which best describes your highest educational level?**

1. ☐ High school diploma or equivalency    4. ☐ Master's Degree (e.g., MA, MS, MPH, MHS, MBA)

2. ☐ Associate/Technical Degree (e.g., AA)   5. ☐ Doctoral Degree (e.g., MD, DVM, PhD, EdD, JD)

3. ☐ Bachelor's Degree (e.g., BSN, BS, BA)

49. In which county do you work? _____

50. Would you be interested in participating in the Iowa Center for Public Health Preparedness Training Program?
    1. ☐ Yes      2. ☐ No      3. ☐ Maybe

51. Name and Address (Optional) _____
_____
_____

**Thank you for your assistance!  Please return survey in enclosed business-reply envelope.**